

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/088322** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	1					
6	1		1			
7						
8						
9	1		1			
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11	1		1			
12	1		1			
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49						
50						
TOTAL IND.			1			
TOTAL DEP.		18				
TOTAL CLAIMS		19				

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
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97			
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99			
100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
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(703) 305-2831